Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/7/2010</u>	Address:	400 N. @ EMS B-2 Lane
Case #:	<u>24-31866</u>		Leesburg
County:	<u>Kosci</u> usko		Indiana
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Water Reactive Metal (Lithium): Anhydrous Ammonia: Whydrochloric Acid Gas Generator(s): open air Corrosive Acid: open air Corrosive Base: Other (item and location):			
☐ Yes ☑ No *If yes, fax re	er age 18 discovered (check one) (number present) cport to Child Protective Services rt is to be faxed to the following ager	☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>LE</u>	•
Fire Department: Tippiccanoe Twp.		Fax: <u>574-8</u> Fax: <u>(</u> 574 <u>)</u>	
Health Department: <u>Kosciusko County</u> Child Protection Service: n/a		Fax:	
Chua Prote	ection Service: m/a		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tpr. Jeff Wampler Phone 574-546-4900			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.